



*Follow up*

**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Carmen Boyd Date of Request: 5-26-05  
 ID # 208921 Date of Birth: [REDACTED] Location: 2-2-96  
 Nature of problem or request: I was sent to the infirmary on 4-27-05, but  
because I had to leave and come to see the doctor, so I never got  
my doctor back. Please for the 180 day of my back brace or my  
back will be worse. So I will like to have some more  
help.  
[Signature]  
 Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 5/26/05  
 Time: 2:00 AM PM  
 Allergies: [REDACTED]

<b>RECEIVED</b> Date: <u>5/26/05</u> Time: <u>2200</u> Receiving Nurse Initials <u>AM</u>
--

**(S)ubjective:**

**(O)bjective** (V/S): T: 110 P: 70 R: 20 BP: 110/70 WT: 160

**(A)ssessment:**

**(P)lan:**

Refer to: ☐ MD/PA ☐ Mental Health ☐ Dental ☐ Daily Treatment ☐ Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

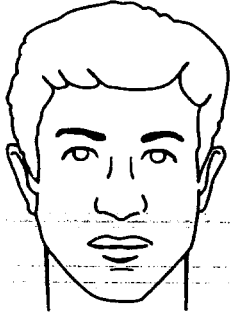
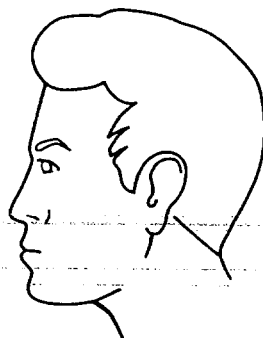
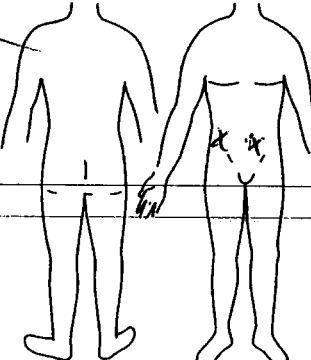
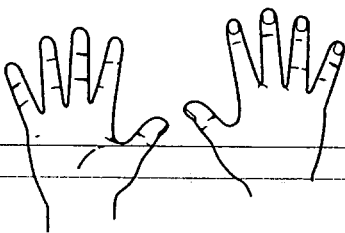
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



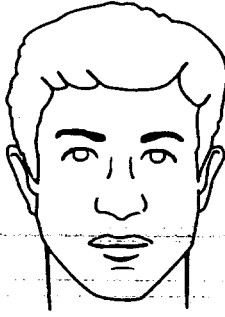
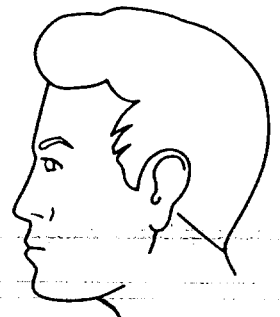
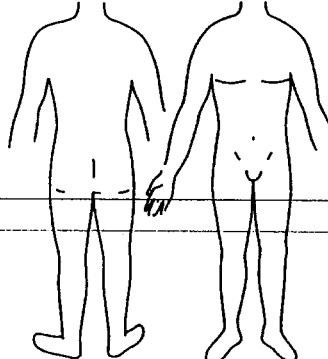

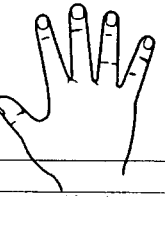
## EMERGENCY

ADMISSION DATE <b>05/19/05</b>		TIME <b>1:27p</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM PM</span>	ORIGINATING FACILITY <u>Elmore</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> <u>pop</u>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT																									
ALLERGIES <u>NKA</u>			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																											
VITAL SIGNS: TEMP <u>97.0</u>		<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">ORAL RECTAL</span>	RESP. <u>18</u>	PULSE <u>66</u>	B/P <u>98/58</u>	RECHECK IF SYSTOLIC <u>    </u> / <u>    </u> <100> 50																								
NATURE OF INJURY OR ILLNESS <u>5- "I haven't had a bowel movement in (2) days. It's causing a lot of gas &amp; makes my heart flutter."</u>			<div style="display: flex; justify-content: space-between;"> <div>ABRASION ///</div> <div>CONTUSION #</div> <div>BURN <span style="font-size: small;">xx xx</span></div> <div>FRACTURE <span style="font-size: small;">Z Z</span></div> <div>LACERATION / SUTURES</div> </div>																											
			<div style="display: flex; justify-content: space-around;">   </div> <p style="text-align: right; margin-right: 100px;">PROFILE RIGHT OR LEFT</p> <div style="display: flex; justify-content: space-around;">   </div> <p style="text-align: right;">RIGHT OR LEFT</p>																											
PHYSICAL EXAMINATION <u>U - Unstimulated into ER 3 days ago x 3. Skin w/d to the touch, resp even &amp; unlabored. Abdomen semi-hard, non-distended, Gx discomfort upon palpation to (R) &amp; (L) sides of abdomen. Gx NV. Bowel sounds audible all 4 quadrants. Requests something for gas &amp; bowels.</u>			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>ORDERS / MEDICATIONS / IV FLUIDS</th> <th>TIME</th> <th>BY</th> </tr> </thead> <tbody> <tr> <td><u>P-1) HCP to review</u></td> <td></td> <td></td> </tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> </tbody> </table>				ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY	<u>P-1) HCP to review</u>																				
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<u>P-1) HCP to review</u>																														
DIAGNOSIS <u>A - Alteration in Elimination</u>																														
INSTRUCTIONS TO PATIENT <u>Wgt #167, O2 Sat 91%</u>																														
DISCHARGE DATE <b>05/19/05</b>		TIME <b>1:30p</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM PM</span>	RELEASE / TRANSFERRED TO <u>DOC</u>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																									
NURSE'S SIGNATURE <u>Austin</u>		DATE <b>05/19/05</b>	PHYSICIAN'S SIGNATURE <u>[Signature]</u>		CONSULTATION																									
INMATE NAME (LAST, FIRST, MIDDLE) <u>Brand. Compton</u>			DOC# <u>108921</u>	DOB <u>[Redacted]</u>	R/S <u>Rnd</u>	FAC. <u>FA</u>																								



PRISON  
HEALTH  
SERVICES  
INCORPORATED

# EMERGENCY

ADMISSION DATE <b>4/24/05 9:45 AM</b>		ORIGINATING FACILITY <b>Elmore</b> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input checked="" type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES <b>NKA</b>		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <b>97.3</b> <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> RECTAL		RESP. <b>20</b>		PULSE <b>73</b> B/P <b>100/70</b> RECHECK IF SYSTOLIC <100> 50	
NATURE OF INJURY OR ILLNESS <b>S-Sharp pains in the middle of my chest and in my left shoulder. tot started about 40 minutes ago.</b>		ABRASION ///		CONTUSION #	
		BURN <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		FRACTURE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
		  PROFILE RIGHT OR LEFT		LACERATION / SUTURES	
				   RIGHT OR LEFT	
PHYSICAL EXAMINATION <b>O-Alert &amp; oriented x3. Ambulates independently. Color appropriate for race. Resp. regular, unlabored. A-Alertation in context. P-ECG done - normal. HCP to review. Release to DOC. Tylenol 500mg 1/2 tab PO now. Tylenol 1/2 tabs NOW.</b>		ORDERS / MEDICATIONS / IV FLUIDS			
		TIME			
		BY			
DIAGNOSIS					
INSTRUCTIONS TO PATIENT <b>Return to HCU PRN</b>					
DISCHARGE DATE <b>4/24/05</b>		TIME <b>AM</b>		RELEASE / TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE	
NURSE'S SIGNATURE <b>S. Shupria</b>		DATE <b>4/24/05</b>		PHYSICIAN'S SIGNATURE <b>M. Hilly</b>	
INMATE NAME (LAST, FIRST, MIDDLE) <b>Boud. Courtney</b>		DOC# <b>208961</b>		DOB <b>[REDACTED]</b>	
		R/S <b>Bm</b>		FAC. <b>Elmore</b>	



## EMERGENCY

ADMISSION DATE <b>4 / 20 / 05</b>		TIME <b>110</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM PM</span>	ORIGINATING FACILITY <u>EMME</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES <u>NKA</u>			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <u>97.4</u>		ORAL RECTAL	RESP. <u>20</u>	PULSE <u>80</u>	B/P <u>96/60</u>	RECHECK IF SYSTOLIC <u>100</u> > 50
NATURE OF INJURY OR ILLNESS <u>I have chest pain and my arm hurt. State pain is substantial</u>			ABRASION ///	CONTUSION #	BURN <sup>xx</sup> / <sub>xx</sub>	FRACTURE <sup>Z</sup> / <sub>Z</sub>
			LACERATION / SUTURES			
PHYSICAL EXAMINATION <u>A&amp;O x3, Resp reg, loose, Skin w/o to touch. Denies HIV. Report Dyspnea using pain scale 8/10. Pain scaled at 7. (1) Shoulder pain. State had motion cleared.</u>			<p style="text-align: center;">PROFILE RIGHT OR LEFT</p> <p style="text-align: center;">RIGHT OR LEFT</p>			
			ORDERS / MEDICATIONS / IV FLUIDS		TIME	BY
			<u>1) EKG - let Report</u> <u>Gen 1 hour.</u> <u>2) Mytab x 2</u>		<u>140pm</u>	<u>G.H.</u>
DIAGNOSIS <u>Serious yd sick call w/ symptom persist</u>			INSTRUCTIONS TO PATIENT			
DISCHARGE DATE <b>4 / 20 /</b>		TIME <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM PM</span>	RELEASE / TRANSFERRED TO		CONDITION ON DISCHARGE	
NURSE'S SIGNATURE <u>[Signature]</u>		DATE <u>4/20/05</u>	PHYSICIAN'S SIGNATURE <u>[Signature]</u>		<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL CONSULTATION	
INMATE NAME (LAST, FIRST, MIDDLE) <u>David Carter</u>			DOC#	DOB	R/S	FAC.



## EMERGENCY

ADMISSION DATE 04 / 13 / 05		TIME 1100 AM	ORIGINATING FACILITY 54114		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKA			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 97.3		ORAL RECTAL	RESP. 22		PULSE 88	B/P 120 / 70
NATURE OF INJURY OR ILLNESS S. I fell off top rack & hurt my back.			ABRASION ///   CONTUSION #   BURN xx xx   FRACTURE Z Z   LACERATION / SUTURES			
O. Back symmetric & S/S of trauma. Left ATR 2+ Symmetric spine inline NIP.						
			PROFILE RIGHT OR LEFT 			
PHYSICAL EXAMINATION D. C/O severe back pain lying & sitting. Above head. D. C/O pain @ that time.			RIGHT OR LEFT			
A. Alteration in comfort p. Hep to review.			ORDERS / MEDICATIONS / IV FLUIDS It states he fell off top rack 2' to his legs spring out on him. Chart reviewed. Chronic C/O of back problems & numerous eval & exam. No objective data to support pt C/O.			
DIAGNOSIS Case reviewed by Dr. Williams B3P x 30 days x Ray + NSAIDs Lumbar spine			INSTRUCTIONS TO PATIENT Mohan 60mg TID x 7 days 4/13/05			
DISCHARGE DATE 04 / 13 / 05		TIME AM PM	RELEASE / TRANSFERRED TO		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE Mohan R		DATE 4/13/05	PHYSICIAN'S SIGNATURE L. Williams		DATE 4/13/05	
INMATE NAME (LAST, FIRST, MIDDLE) Bedd, Cam...			DOC# 202921		DOB [REDACTED]	R/S 1/m FAC. LTH...



*Follow up* *ECC*

**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Courtney BOYD Date of Request: 3-28-05  
ID # 208921 Date of Birth: [REDACTED] Location: CZ-95  
Nature of problem or request: I am still have back problem, and I got to get my back brace, and P.H.S. I will like to be seen by the doctor.

[Signature]  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 03/29/05  
Time: 9 AM AM PM  
Allergies: N/A

<b>RECEIVED</b> Date: <u>3/28/05</u> Time: <u>9:45</u> Receiving Nurse Initials: <u>[Signature]</u>
--

(S)ubjective: My back is hurting since 2003. I can hardly stand up straight.

(O)bjective (V/S): T: 97.7 P: 68 R: 20 BP: 110/62 WT: 169  
φ spasms noted to back areas. No pain to spine + ↓ back area.  
CW radiating pain down (R) thigh/leg + numbness to (R) extremity.  
Pulse strong, ROM to feet good, painful stimuli stimuli noted to  
 (A)ssessment: lower extremities.  
Alteration in Comfort

(P)lan: 1/4 hr to review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ( ☒ ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )  
 Was MD/PA on call notified: Yes ( ) No ( )

[Signature]

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

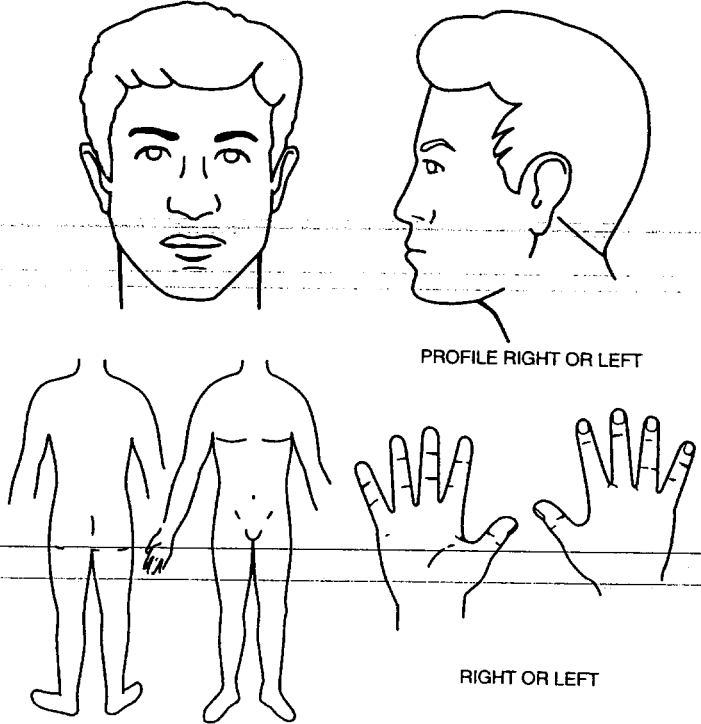
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT





PRISON  
HEALTH  
SERVICES  
INCORPORATED

# EMERGENCY

ADMISSION DATE 03 / 03 / 05 9:37 <sup>TIME</sup> <sup>AM</sup> <sup>PM</sup>		ORIGINATING FACILITY <u>Elmore</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> <u>pop</u>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT																									
ALLERGIES <u>NKA</u>		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																											
VITAL SIGNS: TEMP <u>97.6</u> <sup>ORAL</sup> <sup>RECTAL</sup>		RESP. <u>18</u>		PULSE <u>78</u> B/P <u>   </u> / <u>   </u>																									
NATURE OF INJURY OR ILLNESS <u>5- "I was coming down the steps &amp; recycling I slipped &amp; fell &amp; hurt my back."</u>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ABRASION <u>///</u></td> <td>CONTUSION # <u>   </u></td> <td>BURN <u>xx</u> <u>xx</u></td> <td>FRACTURE <u>Z</u> <u>Z</u></td> <td>LACERATION / SUTURES <u>   </u></td> </tr> </table>				ABRASION <u>///</u>	CONTUSION # <u>   </u>	BURN <u>xx</u> <u>xx</u>	FRACTURE <u>Z</u> <u>Z</u>	LACERATION / SUTURES <u>   </u>																			
ABRASION <u>///</u>	CONTUSION # <u>   </u>	BURN <u>xx</u> <u>xx</u>	FRACTURE <u>Z</u> <u>Z</u>	LACERATION / SUTURES <u>   </u>																									
PHYSICAL EXAMINATION <u>T - Ambulated slowly into ER but 3 diff. A x O x 3. Skin w/o to the touch, resp even et unlabored. Bending limited, no pain, &amp; spasms noted, pulses to extremities strong, painful stimuli noted.</u>		 <p style="text-align: center;">PROFILE RIGHT OR LEFT</p> <p style="text-align: center;">RIGHT OR LEFT</p>																											
DIAGNOSIS <u>A - Attention in Comfort / Body Chart</u> <u>02 Sat 9870</u>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>ORDERS / MEDICATIONS / IV FLUIDS</th> <th>TIME</th> <th>BY</th> </tr> <tr> <td><u>P-1) 1 day to review</u></td> <td></td> <td></td> </tr> <tr> <td><u>2) &amp; ex cessive binding x 2 days</u></td> <td></td> <td></td> </tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> </table>				ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY	<u>P-1) 1 day to review</u>			<u>2) &amp; ex cessive binding x 2 days</u>																	
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<u>P-1) 1 day to review</u>																													
<u>2) &amp; ex cessive binding x 2 days</u>																													
INSTRUCTIONS TO PATIENT																													
DISCHARGE DATE 03 / 03 / 05 9:42 <sup>TIME</sup> <sup>AM</sup> <sup>PM</sup>		RELEASE / TRANSFERRED TO <u>Doc</u>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																									
NURSE'S SIGNATURE <u>Austin for</u>		DATE 03/03/05		PHYSICIAN'S SIGNATURE <u>[Signature]</u>																									
INMATE NAME (LAST, FIRST, MIDDLE) <u>Bard, Court...</u>		DOC# <u>208921</u>		DOB <u>[Redacted]</u>																									
		R/S <u>Bu</u>		FAC. <u>Elmore</u>																									



*Follow up*

**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Courtney Boyd Date of Request: 2-21-05  
 ID # 208921 Date of Birth: [REDACTED] Location: C-2-95  
 Nature of problem or request: I have to need to get my back brace. The last one I had was taken by officer, because my profile was no more good. My eyes hurt also. I want to see the doctor.

[Signature]  
 Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 02/22/05  
 Time: 7:45 AM PM  
 Allergies: N/A

<b>RECEIVED</b>
Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjective: The officer took my back brace because my profile expired. I need something for my eye

(O)bjective (V)IS: T: 97.9 P: 60 R: 20 BP: \_\_\_\_\_ WT: 155  
Noted raised area to top eyelid, small amount of infection noted. Requests new back brace + something for eye.

(A)ssessment: Alertation in Comfort

(P)lan: Top to review -

Refer to: MD/PA Mental Health Dental Daily Treatment  
 CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

*Seen 2/2/05  
 for Back  
 see note  
 2/22/06*

[Signature]

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT





## PROGRESS NOTES

[illegible]



*Follow up*  
**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Courtney Boyd Date of Request: 6-25-06  
 ID # 208921 Date of Birth: [REDACTED] Location: 6-17-28  
 Nature of problem or request: I need to see the Doctor, because my back is still making my body pain to go outside I have an rash by my penis. I need to get my back brace fixed, because it hurt for me to stand up without it. Also need to see the dentist about my filling coming out  
 Signature: Courtney Boyd

DO NOT WRITE BELOW THIS LINE

Date: 6/25/06  
 Time: 2:00 AM PM  
 Allergies: \_\_\_\_\_

<b>RECEIVED</b> Date: _____ Time: _____ Receiving Nurse Initials _____
---

(S)ubjective:

See Net tool dated 6-25-06  
WRN

(O)bjective (V/S): T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WT: \_\_\_\_\_

(A)ssessment:

*[Signature]*

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



## Nursing Evaluation Tool:

Back Pain

Facility: Alabama Department of Corrections

Patient Name: Boyd, CourtneyInmate Number: 208921Date of Report: 6 12 5 10 6Date of Birth: [REDACTED]Time Seen: 220 AM / PM Circle One

**Subjective:** Chief Complaint(s): "I need to see the doctor because my back is still  
 Onset: Chronic bothering me and making my body parts go out."

☐ New onset ☒ Chronic condition exacerbation  
 Pain Scale: (1-10) 6 presently Type: ☒ Sharp ☐ Dull ☐ Intermittent ☐ Constant Numbness: ☐ No ☒ Yes  
 Location of Pain: ↓ back Radiation of pain: ☐ No ☐ Yes to: \_\_\_\_\_  
Neck / mid-back / low back

History: Inmate states "It's hard for me to stand up without my back brace."

(Continue on back if necessary)

Also states "Sometimes I go numb from the waste down and my legs feel heavy and my arms go numb. I grab a hold of the rack and the coldness of the rack"  
 Associated symptoms: Pain on urination? ☐ No ☐ Yes Nausea ☐ No ☐ Yes Vomiting ☐ No ☒ Yes (x)  
 Increased urination? ☐ No ☐ Yes Pain with cough/breathing? ☐ No ☐ Yes

**Objective:** Vital Signs: (If Indicated) T: 98 P: 73 RR: 18 B/P: 120 176

Back Exam: ☒ Tender to touch ☐ Contusion ☐ Muscle spasms ☐ Impaired range of motionAdditional Findings: ☐ Numbness ☐ Tingling ☐ Abnormal gait ☐ Weakness of extremities ☐ Foot drop ☐ Other: \_\_\_\_\_Elaborate positive findings: Denies numbness at presentLower extremities: ☒ Normal ☐ Abnormal (Describe): \_\_\_\_\_Pedal pulses: ☒ Present ☐ Absent☐ Check Here if additional notes on back

☒ Additional Examination: Dysentherma Bedema Ambulates & even steady gait. & impaired PO

(Continue on back if necessary)

Inmate is able to twist/rotate to sign copy and sit/stand up from chair

5/10 pain facial grimacing, or guarding during sick call visit. NAD noted.

**Assessment: (Referral Status)**

Preliminary Determination(s): \_\_\_\_\_

☐ Referral NOT Required☒ Referral Required due to the following: (Check all that apply)☐ Loss of sensation☐ Presence of RBCs from dipstick☒ Recurrent Complaint (More than 2 visits for the same complaint)☐ Prior malignancy☐ Presence of WBCs from dipstick☐ Other: \_\_\_\_\_**Plan:**Check All That Apply: ☐ Work and recreation restrictions x 72 hours☐ Education on avoiding back pain ☐ Education about stretching and back exercises. ☒ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: \_\_\_\_\_

(Describe)

☐ Cold Compress (Acute injury) ☐ Warm CompressOTC Medications given (Motrin 400 or Tylenol 650 Bid prn x 2 days): ☒ NO ☐ YES (If Yes List): \_\_\_\_\_Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr DarbouzeDate for referral: 6/29/06Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): \_\_\_\_\_

Time: \_\_\_\_\_

x

CWambles RN

Nurses Signature

Name: CWambles RN

Printed



## Nursing Evaluation Tool:

Dermatitis (Rashes)

Facility: Alabama Department of Corrections

Patient Name: Boyd, CourtneyInmate Number: 208921Date of Report: 6-1-25-06Date of Birth: [REDACTED]Time Seen: 2:20 AM / PM ☒ Circle One

**Subjective:** Chief Complaint: ☒ Itching ☐ Burning ☐ Redness ☐ Swelling ☐ Weeping ☐ Blisters ☐ Lice/Scabies/Nits  
☐ Other: \_\_\_\_\_

Onset: X 3-4 daysLocation: Bilateral groinHistory: Inmate states "sometimes the skin comes off."  
(Continue on back if necessary)

Associated Symptoms: ☐ None ☐ Fever ☐ Upper Respiratory Symptoms ☐ Tongue Swelling/Throat Closing ☐ Facial/Neck Swelling  
☐ Difficulty breathing ☐ Other: \_\_\_\_\_

Recent environmental contacts (allergens/irritants): deniesHistory of new medication: denies

**Objective:** Vital Signs: (If Indicated) T: 98.8 P: 73 RR: 18 B/P: 120/76  
 Exam: Lesion(s): ☒ NO ☐ YES Description: Red raised bumps bilaterally to groin

Redness/Swelling/Streaking: ☒ NO ☐ YES (If Yes, Describe): redness only

☐ Additional Examination: itching per inmate drainage noted & swelling  
 (Continue on back if necessary)

Assessment: (Referral Status)

Preliminary Determination(s): \_\_\_\_\_

☐ Referral NOT Required☒ Referral Required referral due to the following: (Check all that apply)

☐ Respiratory distress  
☐ New medication

☐ Tongue or facial swelling  
☐ Signs of infection

☐ Hives ☐ Wheezing  
☐ Recurrent Complaint (More than 2 visits)

☐ Other: \_\_\_\_\_  
 (Describe)

Plan: Check All That Apply.

☐ Meds given per approved OTC med list: ☐

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☒ Education signs and symptoms of severe allergic reaction: (Difficulty breathing, throat or facial swelling). Pt instructed to seek immediate immediate medical attention if these should occur.

Other OTC Medications given ☐ NO ☒ YES (If Yes List): AFC apply BID x 2 weeksReferral: ☒ NO ☐ YES (If Yes, Whom/Where): \_\_\_\_\_Date for referral: 6-23-06Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): \_\_\_\_\_

Time \_\_\_\_\_

CWambles PA  
 Nurses Signature

Name: \_\_\_\_\_

Printed

Print Name: Courtney Boyd Date of Request: 6-11-06  
ID # 208921 Date of Birth: [REDACTED] Location: 6-13-28  
Nature of problem or request: I need to see the doctor <sup>to</sup> see if he would  
give me my back brace and bottom bed profile buck and to get a  
Mothers standing profile, because my back is still hurting my body won't  
to go to I also need to see the dental about my bottom curve  
and Courtney Boyd  
Signature

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Time:** \_\_\_\_\_ AM \_\_\_\_\_ PM  
**Allergies:** \_\_\_\_\_

RECEIVED  
Date: 6-12-84  
Time:  
Receiving Nurse Initials \_\_\_\_\_

Waiver 6-12-06  
CWR

(O)bjective (V/S): T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WT: \_\_\_\_\_

**(A)ssessment:**

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

WHITE: INMATES MEDICARE/FREE  
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



## Nursing Evaluation Tool:

## Back Pain

Facility: Alabama Department of Corrections

Patient Name: Boyd, CourtneyInmate Number: 208921 LastDate of Birth: [REDACTED] First MIDate of Report: 06 102 12006 MM DD YYYYTime Seen: 10:15 AM PM Circle One

**Subjective:** Chief Complaint(s): "I Was Walking and I had Sharp pains to my Lowerback  
**Onset:** ↓ my back Went out X 5 minutes ago"

☐ New onset ☒ Chronic condition exacerbation
Pain Scale: (1-10) 8 Type: ☒ Sharp ☐ Dull ☐ Intermittent ☐ ConstantNumbness: ☐ No ☐ YesLocation of Pain: Low back  
Neck / mid-back / low backRadiation of pain: ☐ No ☐ Yes to: \_\_\_\_\_History: Slp Back Injury 2003. Blm to her via stretcher per 2  
(Continue on back if necessary) Other Injuries. Clo back just going out. Edema or deformity noted☐ Check Here if additional notes on back

Associated symptoms: Pain on urination?

☒ No ☐ YesNausea ☒ No ☐ YesVomiting ☐ No ☐ Yes (x)

Increased urination?

☒ No ☐ Yes

Pain with cough/breathing?

☒ No ☐ Yes**Objective:** Vital Signs: (If Indicated) T: 97.9 P: 74 RR: 18 B/P: 110 / 80Back Exam: ☒ Tender to touch ☐ Contusion ☐ Muscle spasms ☐ Impaired range of motionAdditional Findings: ☐ Numbness ☐ Tingling ☐ Abnormal gait ☐ Weakness of extremities ☐ Foot drop ☐ Other: \_\_\_\_\_Elaborate positive findings: Edema, Erythema or deformity noted  
Lower back☐ Check Here if additional notes on backLower extremities: ☒ Normal ☐ Abnormal (Describe): \_\_\_\_\_Pedal pulses: ☒ Present ☐ Absent☒ Additional Examination:  
(Continue on back if necessary)Pt. Was seen by MD, Earlier this A.M. for  
lower back pain. MD ordered  
ibuprofen 400mg po q 6h PRN  
and a muscle relaxer.  
MD also ordered  
physical therapy.☐ Check Here if continued on back**Assessment (Referral Status)**☐ Referral NOT Required

Preliminary Determination(s):

☐ Referral Required due to the following: (Check all that apply)☐ Loss of sensation☐ Presence of RBCs from dipstick☐ Recurrent Complaint (More than 2 visits for the same complaint)☐ Prior malignancy☐ Presence of WBCs from dipstick☒ Other: Pt. Seen per MD, See order sheet**Plan:**Check All That Apply: ☐ Work and recreation restrictions x 72 hours☐ Education on avoiding back pain ☐ Education about stretching and back exercises. ☐ Instructions to return if condition worsens.☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)☒ Other: See MD order  
(Describe)☐ Cold Compress (Acute injury) ☐ Warm Compress☐ OTC Medications given ( Motrin 400 or Tylenol 650 Bid pm x 2 days) \* ☐ NO ☐ YES (If Yes List): \_\_\_\_\_Referral: ☐ NO ☐ YES (If Yes, Whom/Where): \_\_\_\_\_

Date for referral: \_\_\_\_/\_\_\_\_/\_\_\_\_

MM DD YYYY

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): \_\_\_\_\_

Time \_\_\_\_\_

x

Nurses Signature: J. McKinnonName: J. McKinnon CR  
Printed





## Nursing Evaluation Tool:

General Sick Call

Facility: Alabama Department of Corrections

Patient Name: Boyd Courtney

Inmate Number: 208921 Last

Date of Birth: [Redacted] First [Redacted] MM [Redacted] DD [Redacted] YYYY

Date of Report: 5 / 28 / 06 MM DD YYYY

Time Seen: 130 AM ☒ PM Circle One

Subjective: Chief Complaint(s):

Onset:

Brief History:

(Continue on back if necessary)

Objective: Vital Signs: (As Indicated) T: 99.1 P: 68 RR: 16 B/P: 120 / 70 wt. 179

Examination Findings:

(Continue on back if necessary)

Blm Amb to HCU & Steady gait  
A+Ox3 Resp & pulse  
Request to see CND for profile  
for "No prolonged standing" NO visible  
distress noted.

Assessment: (Referral Status)

Preliminary Determination(s):

☐ Check Here if additional notes on back☐ Referral NOT REQUIRED☒ Referral REQUIRED due to the following: (Check all that apply)☒ Recurrent Complaint (More than 2 visits for the same complaint)☐ Other: dated 7/28/06

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☒ Instructions to return if condition worsens.

☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: \_\_\_\_\_

(Describe)

OTC Medications given ☒ NO ☐ YES (If Yes List): \_\_\_\_\_Referral: ☐ NO ☒ YES (If Yes, Whom/Where): MD - 6/2/06Date for referral: 5 / 28 / 06 MM DD YYYYReferral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): \_\_\_\_\_

Time \_\_\_\_\_

x SBushupn —

Nurses Signature

Name: SBushupn

Printed



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Courtney Boyd Date of Request: 5-28-06  
 ID # 208921 Date of Birth: [REDACTED] Location: 6-B-28  
 Nature of problem or request: I need to see the doctor, to get my no  
long standing problem, and because my arms, leg, feet, penis  
is all gone out.

Courtney Boyd  
Signature

DO NOT WRITE BELOW THIS LINE

Date:    /   /     
 Time:     AM PM  
 Allergies:    

<p>RECEIVED</p> <p>Date: <u>   </u></p> <p>Time: <u>   </u></p> <p>Receiving Nurse Initials <u>   </u></p>
--

(S)ubjective:

(O)bjective (V/S): T:     P:     R:     BP:     WT:    

(A)ssessment:

(P)lan:

*copy given  
SBush  
5/28/06  
1:30 pm*

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



*Follow up*

**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Courney Boyd Date of Request: 5-16-05  
 ID # 208921 Date of Birth: [REDACTED] Location: 6-D-28  
 Nature of problem or request: I am requesting to see the doctor, about my  
No long standing profile, my ~~no long~~ profile, my Blanket profile, and  
my Mattress profile, because my body parts are still going out. Also  
I will like to be sent to a free world Doctor, about my back.  
*Courney Boyd*  
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/16/06  
 Time: 405 AM PM  
 Allergies: \_\_\_\_\_

RECEIVED Date: _____ Time: <u>5/16/06</u> Receiving Nurse Initials <u>WF</u>
---

(S)ubjective:

See let tool dated 5-16-06

curpr

(O)bjective (V/S): T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WT: \_\_\_\_\_

(A)ssessment:

*[Signature]*

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

### General Sick Call

X CWambleson Name: CWambleson  
Nurses Signature Printed



Follow up

# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Courtney Boyd Date of Request: 5-17-06  
 ID # 208921 Date of Birth: [REDACTED] Location: 6-A-54  
 Nature of problem or request: I need to see the Doctor to have my prostate checked. I can't  
Back, Bottom, Back, No long standing prostate problem. I will  
like to be sent to the Free World Doctor about my back problems.  
I got need my Backed prostate. My arm, leg, feet, hand, penis. It is  
still going out on me.  
Courtney Boyd  
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/17/06  
 Time:        AM PM  
 Allergies:       

<p>RECEIVED</p> <p>Date: <u>      </u></p> <p>Time: <u>      </u></p> <p>Receiving Nurse Initials <u>      </u></p>
---

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Courtney Blynn Date of Request: 4-23-06  
 ID # 208921 Date of Birth: [REDACTED] Location: 6-13-28  
 Nature of problem or request: I need to see the Doctor, to get my No. 1 long  
standing profile, and because my arm, legs, feet, penis  
is all going out on me.

Courtney Blynn  
Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/23/06  
 Time: 120 AM PM  
 Allergies: \_\_\_\_\_

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>
---

(S)ubjective:

See net tool dated 4-23-06  
WTA

(O)bjective (V/S): T P R BP WT

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

Courtney Blynn

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT





## Nursing Evaluation Tool:

## General Sick Call

Facility: Alabama Department of Corrections	
Patient Name: <u>Boyd, Courtney</u>	
Inmate Number: <u>208921</u> Last	Date of Birth: <u>[REDACTED]</u> First MM DD YYYY
Date of Report: <u>4 123 06</u> MM DD YYYY	Time Seen: <u>120</u> AM / PM Circle One

**Subjective:** Chief Complaint(s): "I need to get my no prolonged standing profile. I also need to see the doctor about my arms, legs, and penis going numb."

Onset: months:

Brief History:

(Continue on back if necessary)

wt 175#

**Objective:** Vital Signs: (As Indicated) T: 98° P: 72 RR: 16 B/P: 118 / 74

Examination Findings: B/m A+X3. Resp & ease. Skin warm + dry to touch. Itx lower back pain since slip physical assault in 2003. Does not radiate per inmate. C/o numbness of bilateral arms/legs, and penis intermittently x several months. Swelling or discoloration of extremities noted. Equal strength bilateral extremities noted. Pedal pulse present. Lumbar spine X-Ray from 4-21-05 c/o definite abnormality noted. Repeat L Spine X-Ray ordered per Dr Darbouze on 4-21-06. Progress note

**Assessment: (Referral Status)**

**Preliminary Determination(s):**

☐ Referral NOT REQUIRED

☒ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other:

from 4-21-06 by Dr Darbouze states no standing profile not indicated. Inmate requesting to see MD for outside referral.

**Comment:** You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

**Plan:** Check All That Apply:

☒ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other:

(Describe)

OTC Medications given ☒ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr Darbouze

Date for referral: 4 126 06 MM DD YYYY

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

Time

x

CWambles RN

Nurses Signature

Name:

CWambles, RN

Printed



*Follow up*  
**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: *Christopher Boyd* Date of Request: 4-13-06  
 ID # 208921 Date of Birth: [REDACTED] Location: 6A-54  
 Nature of problem or request: I need to see the Doctor to have my profiles (1) Back  
Back, Bottom Bunk, No long standing, and best profile I will  
like to be sent to the Free world Doctor about my back pain problems.

*Christopher Boyd*  
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/16/06  
 Time: 1145 AM PM  
 Allergies: \_\_\_\_\_

<b>RECEIVED</b>	
Date: <u>4/14/06</u>	
Time: _____	
Receiving Nurse Initials <u>AME</u>	

(S)ubjective: See vet profile dated 4-16-06  
uwa

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

*Christopher Boyd*

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



## Nursing Evaluation Tool:

## General Sick Call

Facility: Alabama Department of Corrections

Patient Name: Boyd, CourtneyInmate Number: 208921 LastDate of Birth: [REDACTED] First MIDate of Report: 4 11 10 06 MM DD YYYYTime Seen: 745 AM / PM ☒ Circle One**Subjective:** Chief Complaint(s): "I need to get my profiles updated."Onset: X 2 weeks.Brief History: Hx lower back pain since 2003  
(Continue on back if necessary)☐ Check Here if additional notes on back**Objective:** Vital Signs: (As Indicated) T: 98° P: 80 RR: 20 B/P: 110 162Examination Findings: B/m A+0 x3 Resp even & unlabeled. Skin  
(Continue on back if necessary) Warm & dry to touch. Request renewal of Brace of L spine  
Bottom bunk, NO prolonged standing profile.☐ Check Here if additional notes on back**Assessment: (Referral Status)**

## Preliminary Determination(s):

☐ Referral **NOT REQUIRED**☒ Referral **REQUIRED** due to the following: (Check all that apply)☐ Recurrent Complaint (More than 2 visits for the same complaint)☒ Other: to be evaluated by MD

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

**Plan:** Check All That Apply:☐ Instructions to return if condition worsens.☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)☐ Other: \_\_\_\_\_

(Describe)

OTC Medications given ☐ NO ☐ YES (If Yes List): \_\_\_\_\_Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr DarbouzeDate for referral: 4 12 1 06 MM DD YYYYReferral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): \_\_\_\_\_

Time \_\_\_\_\_

x

Chambers  
Nurses SignatureName: Chambers

Printed



*Follow up*

**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Courtney Boyd Date of Request: 4-1-06  
 ID # 208921 Date of Birth: [REDACTED] Location: SA-10  
 Nature of problem or request: I had signed up for dental, but I could not make it, because I'm in segregation. I need to have my 3<sup>rd</sup> teeth pulled. I have already paid for this. I will like them clean.

*Courtney Boyd*  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 4/4/06  
 Time: 730 AM PM  
 Allergies: \_\_\_\_\_

<b>RECEIVED</b>	
Date: <u>4-4-06</u>	
Time: _____	
Receiving Nurse Initials <u>aw</u>	

**(S)ubjective:**

See Net tool dated 4-4-06 <sup>emer</sup>

**(O)bjective**

**(V/S): T:**

**P:**

**R:**

**BP:**

**WT:**

See waiver already on dental list <sup>ccRN</sup>

**(A)ssessment:**

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



*Follow up*

**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Courtney Boyd Date of Request: 3-23-06  
 ID # 208921 Date of Birth: [REDACTED] Location: 5-A-10  
 Nature of problem or request: I am in Segregation and they take my mattress at 6:00am to 6:00pm, so I need to get my another basic brace and bottom bed profile. Also I need to see the Dental, ~~also~~ have my teeth filled. Also I need my Double tray profile replaced.

*[Signature]*  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 3-25-06  
 Time: 7:45 AM PM  
 Allergies: NDA

<b>RECEIVED</b>
Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjective: *See net*

(O)bjective (V/S): T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: 118/ WT: \_\_\_\_\_

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

*[Signature]*

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



## Nursing Evaluation Tool:

General Sick Call

Facility: Alabama Department of Corrections

Patient Name: Boyd CourtneyInmate Number: 208924 LastDate of Birth: [REDACTED] First MIDate of Report: 3/26/06 AM DD YYYYTime Seen: 7:40 AM (PM) Circle OneSubjective: Chief Complaint(s): Need back brace and bottom bed profileOnset: 3-25-06Brief History: "I need to get a back brace and a bottom bed profile"  
(Continue on back if necessary)

☐ Check Here if additional notes on back

Objective: Vital Signs: (As Indicated) T: 98 P: 64 RR: 16 B/P: 112/64Examination Findings: 9/10 ↓ back pain from jumping on + off top bunk  
(Continue on back if necessary)

☐ Check Here if additional notes on back

Assessment: (Referral Status) Preliminary Determination(s):

☐ Referral NOT REQUIRED☒ Referral REQUIRED due to the following: (Check all that apply)☐ Recurrent Complaint (More than 2 visits for the same complaint)☐ Other: \_\_\_\_\_

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☐ Instructions to return if condition worsens.☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)☐ Other: \_\_\_\_\_OTC Medications given ☐ NO ☐ YES (If Yes List): \_\_\_\_\_Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr. DastinDate for referral: 4/13/06 AM DD YYYYReferral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): \_\_\_\_\_Name: [Signature]





## Nursing Evaluation Tool:

## Dental Complaint

Facility: Alabama Department of Corrections

Patient Name: Boyd CourtneyInmate Number: 208921

Last

First

Date of Birth: [REDACTED]

MI

Date of Report: 3/25/04

MM

DD

YYYY

Time Seen: 7:40 AM/PM Circle One

MM

DD

YYYY

**Subjective:** Chief Complaint(s): Request tooth fillingOnset: 3-25-04History: "I need to see the dentist"  
(Continue on back if necessary)Is the problem: ☒ New ☐ Chronic Problem related to: ☐ Recent trauma ☐ Recent dental work ☐ Other: ☐ Check Here if additional notes on backInjury sustained in altercation with custody staff, or other inmate: ☒ NO ☐ YES (Requires notification of correctional staff)Dental Pain: Right: ☐ Upper Back ☐ Upper Front ☐ Lower Back ☐ Lower Front Left: ☐ Upper Back ☐ Upper Front ☐ Lower Back ☐ Lower FrontType of Pain: ☒ Aching ☐ Throbbing ☐ Dull ☐ Sharp ☐ Constant ☐ IntermittentSensitive to Hot or Cold: ☐ No ☐ Hot ☐ Cold ☐ Sensitive to both Hot & ColdPain Scale: (1-10)           Associated Symptoms: ☐ Sinus problems ☐ Difficulty chewing ☐ Earache ☐ Sore throat ☐ Other:           **Objective:** Vital Signs: (If Indicated) T: 98 P: 64 RR: 18 B/P: 112/64

Visual evidence of tooth decay/fracture

☐ No☒ Yes

Visible external swelling

☒ No☐ Yes

Visual evidence of missing filling

☐ No☐ Yes

Swelling/redness/pus surrounding affected tooth:

☐ No☐ Yes

Pain upon opening jaw widely

☐ No☐ Yes

Evidence of trauma/injury to jaw/face

☐ No☐ Yes☐ Additional Examination:             
(Continue on back if necessary)☐ Check Here if continued on back**Assessment: (Referral Status)**☐ Referral Not Required**Preliminary Determination(s):**           ☒ Referral Required due to the following: (Check all that apply)☐ Fever☐ Evidence of pus collection or swelling☐ Earache/sore throat/sinus problems☐ Recent dental surgery/procedure☐ Pain upon opening mouth widely☐ Significant injury/trauma to jaw☐ Recurrent Complaint (More than 2 visits)☒ Other: request filling

(Describe)

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

**Plan:** Check All That Apply:☐ For tooth pain; instruct patient to avoid hot/cold food; to chew on the opposite side of the tooth pain and to do salt water gargles PRN☐ Warm rinses PRN (Note: DO NOT apply warm compress to outside of face for dental abscess)☐ Cold Compress PRN for minor trauma☐ Instructions to return if condition worsens.☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)☐ Other:             
(Describe)☐ OTC Medications given (Motrin 400 or Tylenol 650 mg Bid pm x 2 days) ☐ NO ☐ YES (If Yes List):           Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr WestDate for referral: 3/25/04

MM

DD

YYYY

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):           Time           x Clavien  
Nurses SignatureName: Clavien  
Printed



# DEPARTMENT OF CORRECTIONS TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record

 Institution: Easterling  
 Date: 8-17-05 Time: 2:25 AM/PM PM

 RECEIVED FROM:  
 Institution/Work Release Center/Free-World Hospital

RECEIVING MEDICAL STATUS

- ☒ Population  
☐ Infirmary  
☐ Isolation

RELEASED: Inmate/Health Record

 Institution: Elmore  
 Date: 8/17/05 Time: 1200 AM/PM

RELEASE FROM:

- ☐ Infirmary ☐ Segregation  
☒ Population ☐ Mental Health  
☐ Other

RELEASE TO:

- ☒ DOC ☐ Infirmary ☐ Mental Health  
☐

Institution/Work Release Center/Free-World Hospital

ALLERGIES:

None

PHYSICAL EXAMINATION

Date of last exam: 12/17/04

Chest X-Ray Date: \_\_\_\_\_ Result: \_\_\_\_\_

PPD Reading 12/19/04 5mm

Classification: \_\_\_\_\_

Limitations: \_\_\_\_\_

LAB RESULTS - - LAST REPORT

	Date	Normal	Abnormal
CBC	<u>2/3/02</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urinalysis		<input checked="" type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Wears Glasses/Contacts	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dental Prosthesis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hearing Aide	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other Prosthesis	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Receiving Nurse Curcio

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

Cocaine Abuse

CURRENT MEDICATION - - DOSAGE AND FREQUENCY

Motrin 600mg po tid x 60 days  
hup  
TAO

	<input type="checkbox"/> Sent w / inmate	<input checked="" type="checkbox"/> Not sent w / inmate
MEDICATIONS		
X-RAY FILM	<input type="checkbox"/> Sent w / inmate	<input checked="" type="checkbox"/> Not sent w / inmate
HEALTH RECORD	<input checked="" type="checkbox"/> Sent w / inmate	<input type="checkbox"/> Not sent w / inmate

Released to: DOC

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

	<input type="checkbox"/> Received	<input checked="" type="checkbox"/> Not Received
MEDICATIONS		
X-RAY FILM	<input type="checkbox"/> Received	<input checked="" type="checkbox"/> Not Received
HEALTH RECORD	<input checked="" type="checkbox"/> Received	<input type="checkbox"/> Not Received

CHART REVIEWED ☒ YES ☐ NOReceived by: Curcio  
Signature of Receiving NurseDate: 8-17-05 Time: 2:25 AM/PM

SCHEDULE FOR CHRONIC CARE CLINIC

DATE: \_\_\_\_\_ LAST CLINIC: None

FOLLOW-UP CARE NEEDED

- ☐ Medical ☐ Dental  
☐ Mental Health

Date/Time With Whom - - Location (Sending Nurse) Date/Time Made w/Whom (Rec. Nurse)

NURSING ASSESSMENT (SENDING NURSE)  
(Noted from health record documentation)

HISTORY	Yes	No
Drug Use	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Suicide Attempt	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chronic Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>

STATUS	Yes	No
Special Diet	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>

OTHER PERTINENT NURSING ASSESSMENT

NURSING ASSESSMENT (RECEIVING NURSE)  
(Noted from inmate assessment)

SKIN	Yes	No
Open Sores	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Edema	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Warm & Dry	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cool & Moist	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CONDITION	Yes	No
Alert	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oriented	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Uncooperative	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Depressed	<input type="checkbox"/>	<input checked="" type="checkbox"/>

INTAKE

Sick Call Procedures Explained

Height 5'9"Weight 176Blood Pressure 110/70Temperature 98.4Pulse Resp. 64

Other \_\_\_\_\_

Signature of Nurse Completing Assessment (Sending Nurse)

Date

Signature of Intake Screening Nurse (Receiving Nurse)

Date

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

Race/Sex

FAC.

208921[REDACTED]W.M.Prison



## Nursing Evaluation Tool:

Chest Pain

Facility: LAHSA  
 Patient Name: Boyd Courtney  
 Inmate Number: 208921 Last First  
 Date of Report: 11 17 2005 MM DD YYYY  
 Date of Birth: [REDACTED] MM DD YYYY  
 Time Seen: 8:15 AM (PM) Circle One  
 UT. 177

Subjective: Chief Complaint(s): Chest Pain - heart FlutteringOnset: About 15 min agoActivity prior to onset: standing up talkingHistory: STARTED IN FOOT UP TO CHEST  
 (Continue on back if necessary)Description of Pain: ☐ Burning ☐ Stabbing ☐ Dull/Achy ☐ Pressure-like ☐ Crushing ☒ Other: ☐ Check Here if additional notes on backDuration of Pain: NODoes anything relieve the pain? NOOnset of Pain: ☒ New onset ☐ Sudden ☐ Gradual ☐ Chronic Pain Scale: (1-10) 3-4 History of injury? ☐ YES ☒ NORadiation: ☒ No radiation ☐ Radiation to:Aggravating Factors: ☐ Exertion ☐ Stress ☐ Food intake ☒ Movement ☐ Coughing ☐ Other:Associated Symptoms: ☐ Nausea/Vomiting ☐ Diaphoresis ☐ Dyspnea ☐ Syncope ☐ Cough ☐ Sputum production ☐ Hemoptysis  
☐ Fever ☐ Chills deniesCardiac Risk Factors: ☐ Family history ☐ Smoke: ppd/ years ☐ Hypertension ☐ Diabetes ☐ Hyperlipidemia ☐ CADHistory of: ☐ Peptic ulcer ☐ Illicit drug use ☐ Cardiac disease ☐ Nitroglycerin useObjective: Vital Signs: (As Indicated) T: 96.8 P: 67 RR: 14 B/P: 104 / 60Pulse Ox %: 97 % ☐ Room Air ☐ O2 LPM: 97%General Appearance: ☐ No acute distress ☒ Alert ☒ Oriented x 3 ☐ Anxious ☐ Acute distressColor: ☒ Normal ☐ Pale ☐ Flushed ☐ Cyanotic ☐ JaundicedSkin: ☒ Warm ☒ Dry ☐ Cool ☐ Moist/ClammyLung sounds: Clear

Right

☒ Clear☐ Diminished☐ Crackles☐ Rhonchi☐ Wheezing☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐EKG ordered? ☒ YES ☐ NOEKG interpretation / computer read or available for physician? ☒ YES ☐ NOAdditional Examination: A/Ox3 able to carry on conversation, smiling  
 (Continue on back if necessary)  
et has sensation like all extremities

Assessment: (Referral Status)

☐ Referral NOT Required

Preliminary Determination(s):

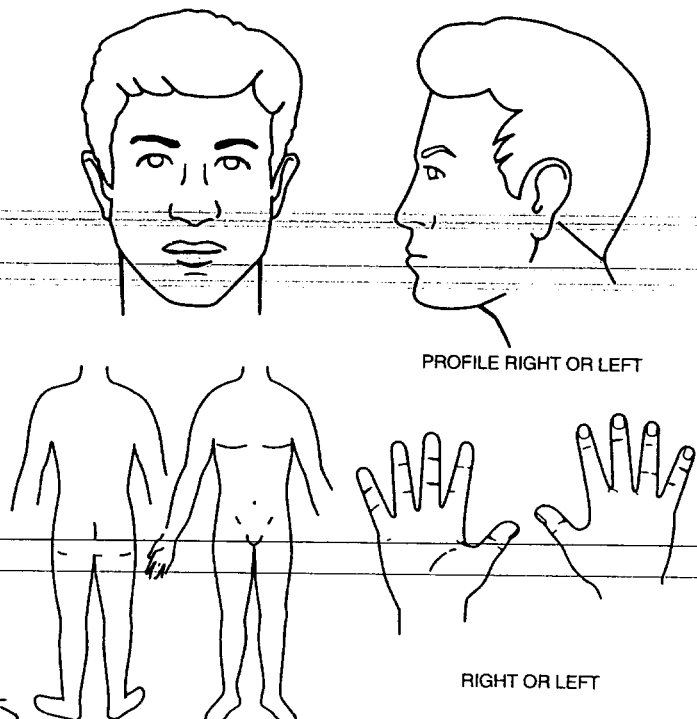
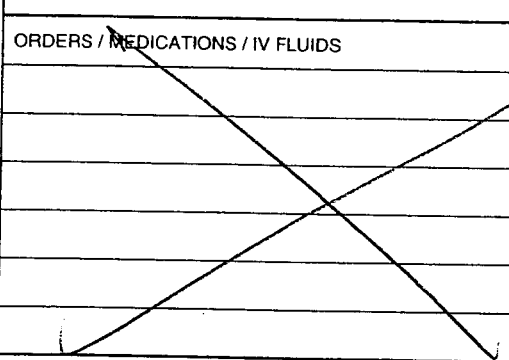
☐ Check Here if continued on back☒ Referral Required due to the following: (Check all that apply)☐ Acute distress☐ Abnormal vital signs☐ Cardiac history☐ Suspicious cardiac symptomology☐ History of recent illicit drug use☐ Other:☒ Recurrent Complaint (More than 2 visits for same complaint)☐ Cardiac Risk Factor present

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply: Acute distress - arrange for immediate emergency transport☐ Administer oxygen if in acute distress ☐ ASA mg po☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)☒ Instructions to return if condition worsens.☐ Other:OTC Medications given ☐ NO ☒ YES (If Yes List): Mylanta tabs Tylenol 1gmReferral: ☒ NO ☐ YES (If Yes, Whom/Where):Date for referral: / / /Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): Dr. Danbarney Time: 8:45pmx C Garcia  
 Nurses SignatureName: C Garcia  
 Printed



## EMERGENCY

ADMISSION DATE <b>8/9/05 330</b> TIME <b>AM</b>		ORIGINATING FACILITY <b>Elmore</b> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input checked="" type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT	
ALLERGIES <b>N/A</b>		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <b>98°</b> <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> RECTAL		RESP. <b>20</b>		PULSE <b>78</b> B/P <b>90/60</b> RECHECK IF SYSTOLIC <b>&lt;100&gt; 50</b>	
NATURE OF INJURY OR ILLNESS <b>S. I'm dizzy, SOB and my chest is tight.</b>		ABRASION <input type="checkbox"/> CONUSION # <input type="checkbox"/> BURN <input type="checkbox"/> FRACTURE <input type="checkbox"/> LACERATION / SUTURES <input type="checkbox"/>  PROFILE RIGHT OR LEFT RIGHT OR LEFT			
PHYSICAL EXAMINATION <b>O - Alert and responsive to verbal stimuli. Ambulates independently, no SOB or resp. distress noted. Lungs clear bilaterally. Skin warm, dry to touch. Heart rate &amp; rhythm regular.</b> <b>A - Alteration in comfort.</b> <b>P - Release to JOC HCP Review</b>		ORDERS / MEDICATIONS / IV FLUIDS 			
DIAGNOSIS					
INSTRUCTIONS TO PATIENT					
DISCHARGE DATE <b>8/9/05 340</b> TIME <b>AM</b>		RELEASE / TRANSFERRED TO <b>JOC</b> <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <b>[Signature]</b>		DATE <b>8/9/05</b>		PHYSICIAN'S SIGNATURE <b>[Signature]</b> DATE <b>8/9/05</b>	
INMATE NAME (LAST, FIRST, MIDDLE) <b>Brant, Michael</b>		DOC# <b>1000</b>		DOB <b>[Redacted]</b> R/S <b>Rm</b> FAC. <b>Elmore</b>	



## EMERGENCY

ADMISSION DATE <b>7/24/05</b>		TIME <b>3:45 AM</b>	ORIGINATING FACILITY <b>Elmore Prison</b>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT			
ALLERGIES <b>NKDA</b>			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA					
VITAL SIGNS: TEMP <b>98.0</b>		ORAL RECTAL	RESP. <b>20</b>	PULSE <b>83</b>	B/P <b>110/64</b>	RECHECK IF SYSTOLIC <b>110</b> <100> 50		
NATURE OF INJURY OR ILLNESS <b>S. my tongue hurts it is still swollen.</b>			ABRASION ///		CONTUSION #	BURN <sup>xx</sup> / <sub>xx</sub>		
			FRACTURE <sup>Z</sup> / <sub>Z</sub>		LACERATION / SUTURES			
							PROFILE RIGHT OR LEFT	
							RIGHT OR LEFT	
PHYSICAL EXAMINATION <b>O - lymph nodes not enlarged. R - lymph node tender, 0 drawing. 0 redness to tends slight swelling. A - Alteration in contour P - Refer to HCA</b>			ORDERS / MEDICATIONS / IV FLUIDS <b>Tylenol 400mg BID per protocol</b>					
DIAGNOSIS								
INSTRUCTIONS TO PATIENT								
DISCHARGE DATE <b>7/24/05</b>		TIME <b>1:30 PM</b>	RELEASE / TRANSFERRED TO <b>DOC</b>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL			
NURSE'S SIGNATURE <b>C. Lewis</b>		DATE <b>7/25/05</b>	PHYSICIAN'S SIGNATURE <b>[Signature]</b>		CONSULTATION			
INMATE NAME (LAST, FIRST, MIDDLE) <b>Paul A. Carter</b>			DOC# <b>202189</b>	DOB <b>[Redacted]</b>	R/S	FAC. <b>EC</b>		





## PROGRESS NOTES

Date/Time	Inmate's Name: Boyd Courtney	D.O.B.: / /
7/20/05 8AM	wt 172 T 97.8 P 63 R 18 O2sat 93 B/P 110/66 Do see HCP re Back pain: ⑤ Pt c multiple complaint but especially back pain. He is in now regarding dizzying & feeling like passing out. This occurred while at work in the "Kitchen" this Am. Also, persistent c/o Back pain. Knows one work. Pt states he has had 3 back braces - one was given to him, and the replacement brace was collected by DOC after his profile photo expired. ⑥ about NAD PE <del>PERALA</del> <span style="float: right;">Walks on Heels &amp; toes 5 peds</span> Finger to nose intact L-S spine 5 tenderness. - Slumped leg (X) - NO muscle spasm * intertrigo groin A/P ① Dizziness ? Else cleared ② Back pain ? Else Will give motion B.B.f. - I don't feel a back brace is indicated - will check on old braces. ③ Intertrigo - mycology - <i>Candida albicans</i>	



Date/Time

Inmate's Name:

D.O.B.:

/ /

8/11/07

20 Hctre. of U

(S) 23 go FOV for Back pain & rest in  
of vom - my cooling burn

(Q) rest - ? better.

1 back - ? tender

W/P. It does not appear to be sore  
or tender

(E) NO back pain noted

If problem persists

bring back up

*[Signature]*

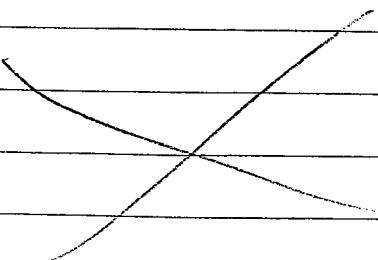


## PROGRESS NOTES

Date/Time	Inmate's Name: Bayl, Courtney	D.O.B.: [REDACTED]
3/2/05	20 HCP re: Chronic hordelum Wgt. 160, T-97.8, R-20, P-90, O <sub>2</sub> 93%, BP-122/78 S- This place is still here, el transferred to Elmore ; if they would not give me my Reflex O- No A in appearance of of hordelum. A/P- Will receive Reflex in 3 weeks <del>absent</del>	
04/05/05	To see HCP re: 3/4 eye Wgt 169, T-97.4, P-68, R-18, O <sub>2</sub> 90%, BP-150/70 S- I need all my my eye is better O- hordelum has ↓ in size. No drainage. Non-tender A/P Will receive Reflex and flu in 3 weeks <del>absent</del>	
11/28/05 935	20 HCP re: eval by MD Wt 168 T-97.8 P-64 108/80 R-18 O <sub>2</sub> sat 97% — 2 days ① Stye ② eye. ③ PT Reports back brace taken AT STATION by officer PT ADVISED to get brace from DOC. For inspection HAS Hx of getting Braces. He has had Three back Braces in recent past. He has no difficulty walking or standing. No Parasthesias or weakness. X-rays of noted Artifact 2 <sup>nd</sup> pt Xbn Compliance. Exam: HEENT ① eye stye ~ indurated Redness 0.5cm Back exam: normal I/M/P ① Stye - infected reflex ② Back pain - motion flx R/L ROM (No Percussion) exercises Hydro	

PRISON  
HEALTH  
SERVICES  
INCORPORATED

## PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.: / /
	<p>On June 22 2004 at 930am Courtney Boyd had an appointment with Dr. Darbonne. During this appointment Dr. Darbonne informed Mr. Boyd that he would not be renewing his Corrat profiles due to lack of medical need. At that time Mr. Boyd said "here, would you like them back then" while handing profiles to the Dr. Then he (Mr. Boyd) offered his back brace to the Dr. Dr. Darbonne told him if he did not want it to give it the nurse. Mr. Boyd handed the brace to Officer Jones, got up &amp; walked out laughing saying "ok here we go, yeah here we go".</p> <p>Connie McDaniel RN Connie McDaniel RN</p> 	

Date/Time	Inmate's Name: Boyd, Courtney	D.O.B.: [REDACTED]
5/19/06 10:30	wt. 175 BP 120/80 P 68 R 16 T 97.8 SC	
	24 BM Regent, no prolonged standing, Blanket and socks pulled.	
	N42, V27	
	Ambulatory, with no distress X-ray and L spine: negative.	
	Pls: These people, are not indicated in this therapy 24 BM	
	- No more or manipulated total body withered from a 3 year old accident	
	- Was presented to us that pt has not been taking	
5/20/06 8:10 AM	Sp WT 172 BP 110/80 P 75 R 18 T 97.8	D.
	> 24 BM to spine in 2003 returns today seeking drills practice Hx's, no prolonged standing	
	0 - Ambulatory, with no distress - sitting, down/bending over, resting at end	
	X-ray of C and L spine: 0	
After	to injury to spine - no discomfort - spine stable Pls: DC for 1st and 2nd Not medically indicated	D.

Date/Time	Inmate's Name:	D.O.B.:
3/20/06	WT 173 B/P 110/70 P-94 R/L6	[REDACTED]
	S/C back pain	
	24 wks - 1/2 chance LBP x 3 years primarily controlled by using a Back brace - He has no weakness, no numbness, no incontinence - The pain does not radiate	
	On the spine was tender - now is full with vague defined pain	
	Neuro: no deficit	
	X-ray: N/A	
	MR: [REDACTED]	
	IL: [REDACTED]	
	Force and MMR x 2 weeks	
4/21/06 820 am	WT 175 BP 120/80 P 68 R 66 T 97'	
	S/C	
	24 wks - 1/2 Physical Assault in 2003 is 1/2 chronic pain to his lower back now radiating with no associated weakness, numbness, incontinence - He then relates occasional 1/2 weakness/numbness involving his extremities (upper and lower) numbness involving his genital organ but no incontinence He has no 1/2 neck pain or pain to his T spine It is seeking Multiple profiles including Double partition Neals, Back brace, LBP, standing, MMR, Involves, MRI	
	NAS, VSS (smiling during the interview) Lung: CTH Heart: RHR	



## PROGRESS NOTES

Date/Time	Inmate's Name: Boyd, Courtney	D.O.B.: [REDACTED]
3/2/05	20 HCP re: Chronic hoedelum	
	Wgt. 160, T-97.8, R-20, P-90, O <sub>2</sub> 93%, BP-122/78	
	S- This place is still here, el trauged to el mune ; it they would not give me my Reflex	
	O- No A in appearance of of hoedelum.	
	A/P- Will receive Reflex i ✓ in 3 weeks <del>shortly</del>	
04/05/05	To see HCP re: H/A eye	
	Wgt 169, T-97.4, P-68, R-18, O <sub>2</sub> 90%, BP-100/70	
	S- I need all my My eye is better	
	O- hoedelum has ↓ in size. No drainage. Non-tender	
	A/P Will receive Reflex and H/A in 3 weeks <del>shortly</del>	
11/28/05	20 HCP re: eval by MD Wt 168 T-97.8 P-64	
93	108	80 R-18 O <sub>2</sub> sat 97% — 7th
	① Stage ④ eye.	
	⑦ PT Reports back brace taken AT STATION by officer	
	PT ADVISED to get braces from DOC. For inspection	
	HAS Hx of Seizing Braces. He has had Three back	
	Braces in recent past. He has no difficulty walking or	
	standing. No Anesthesias or weakness.	
	X-RAYS of notan Artifact 2° pt Xbn Compliance.	
	Exam:	
	HEENT ④ eye stage ~ indurated Redness 0.5cm	
	Back exam: normal	
	I/MOP ④ Stage - infected Reflex	
	(No Percocet) ② Back pain - notan Flu PR Pain	
	exercises	



Date/Time	Inmate's Name:	D.O.B.: / /
	On June 22 2004 at Azcam Courtney Boyd had an appointment with Dr. Darbonne. During this appointment Dr. Darbonne informed Mr Boyd that he would not be renewing his Correat profiles due to lack of medical need. At that time Mr Boyd said "here, would you like them back then" while handing profiles to the Dr. Then he (Mr. Boyd) offered his back brace to the Dr. Dr Darbonne told him if he did not want it to give it the the nurse. Mr Boyd handed the brace to Officer Jones, got up & walked out laughing saying "ok here we go, yeah here we go".	
	Corruct McDaniel	
	Corruct McDaniel	

Date/Time	Inmate's Name:	D.O.B.:
5/19/06 10 <sup>30</sup> AM	Boyd, Courtney	
	Wt. 175 BP 120/80 P 168 R 16 T 97.8 SE	
	24 BM recent, for no prolonged standing, Blanket and Mattress profile.	
	N4E, V27	
	Ambulatory, with no distress X-ray C and L spine: negative.	
	Plr: These profile, are not indicated in this history 24 BM	
	- No known or suspected total or partial withheld from 3 year old accident	
	- Was presented to hospital that pt has not been taking	
4/6 8 <sup>10</sup> AM	Sp WT 172 BP 110/80 P 75 R 18 T 97.8	D.
	> 24 BM to spine in 2003 returns today seeking drills patient Hx, no prolonged standing	
	0 - Ambulatory, with no distress - sitting down/bending over, sitting at desk X-ray of C and L spine: 0	
4/6	% injury to spine - no abnormal - spine stable Plr: DC Profile, and B-scan Not radiologically indicated	D.

Date/Time	Inmate's Name:	D.O.B.:
3/20/06	WT 173 B/P 110/70 P-94 R/L6	[REDACTED]
	S/C back pain	
	S 24 wks - 1/2 chronic LBP x 3 years - partially controlled by using a Back brace - He has no weakness, no numbness, no Discomfort - The pain does not radiate	
	O - He is the non tender - now is full in the upper	
	Refined pain	
	Now no: no discomfort	
4/2/06	X-ray: LBP	
	WAS	
	It is: Recognize & not	
	Force and more x 2 weeks	
4/2/06	WT 175 B/P 120/80 P 68 R 66 T 97'	
820 am	S/C	
	S 24 wks - 1/2 Physical Assault in 2003 is 1/2 chronic pain to his lower back now radiating with no associated weakness, numbness, Discomfort - He then relates occasional 1/2 weakness/numbness involving his extremities (upper and lower) numbness involving his Genital organ but no Discomfort - He has no 1/2 neck pain or pain to his T spine	
	It is seeking Multiple profiles including Double position	
	Neals, Back brace, LBP, & standing, Massage, Insoles, MRE	
	O XAS, VSS (smiling during the interview)	
	Long: CMT	
	Heart: RHR	



## PROGRESS NOTES

Date/Time	Inmate's Name: Bayl, Courtney	D.O.B.: [REDACTED]
3/2/05	20 HCP re: Chronic hordelium Wgt. 160, T-97.8, R-20, P-90, O <sub>2</sub> 93%, BP-122/78 S- This place is still here, el transfer to Elmore ; if they would not give me my Reflux O- No A in appearance of of Hordelium. A/P- Will receive Reflux in 3 weeks <del>shortage</del>	
04/05/05	To see HCP re: Fl eye Wgt 169, T-97.4, P-68, R-18, O <sub>2</sub> 90%, BP-100/70 S- I need all my my eye is better O- hordelium has 4 in size. No drainage. Non-tender A/P Will receive Reflux and Fl in 3 weeks <del>shortage</del>	
4/28/05 935	20 HCP re: eval by MD Wt 168 T-97.8 P-64 108/80 R-18 O <sub>2</sub> sat 97% ——— Jthp ① Stye ④ eye. ② PT Reports back brace taken at STATION by officer PT ADVISED to get brace from DOC. For inspection HAS Hx of getting Braces. He has had THREE back Braces in recent past. He has no difficulty walking or standing. NO Paresthesias or weakness. X-rays of neck artifact 2° pt non compliance. Exam: HEENT ① eye stye ~ indurated Redness 0.5 cm Back exam: normal I/M ① Stye-infected Reflex ② Back pain - motion Flx P/R ROM (No Percussion) exercises Jthp	

Waphtare, Y. J.

## Health Services Request Form

Inmate Name Curtis BayDate of Request 10-25-03JS No. 208911Date of Birth [REDACTED]Housing Loc. D-1-9B

Nature of problem or request My back has been hurting very badly. I lost  
of hair in the back of head. My eyes are hurting very badly. I  
have heart problems.

Sign here for consent to be treated by health staff for the condition described above. Curtis Bay

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE **RECEIVED** OCT 28 2003

## Health Care Documentation

Subjective:

Objective:

BP \_\_\_\_\_

P \_\_\_\_\_

R \_\_\_\_\_

T \_\_\_\_\_

WT \_\_\_\_\_

Assessment:

Plan:

Refer to: PA/PhysicianMental HealthDental

Education: \_\_\_\_\_

Fool used: (specify) \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Time \_\_\_\_\_

Date \_\_\_\_\_



PRISON  
HEALTH  
SERVICES  
INCORPORATED

### PROGRESS NOTES

Date/Time	Inmate's Name: Boyd, Courtney	D.O.B. [REDACTED]
08/13/04	<p>To see MCP for f/u back pain            wgt. 160, 97.4, 18, 98/70, O<sub>2</sub> 97, 64.            R has back brace. States that his lower back continues to hurt + "burn". When pt is asked to detail the nature of his pain, alleviating/aggravating factors + specific regions of leg pain he is intentionally nonspecific + is a difficult historian.            Q ATOx3 Spine inline NITP            QSLR. 2+ ↓ ext PTR 5/5 strength            MP. F/u Back pain            Suspect malingering  <i>[Signature]</i></p>	
2/2/04	<p>F/u            Wt 140 Bp 98/64 T 97.4 P 84 R 20            O<sub>2</sub> Sat 98% ————— J. Hyatt</p> <p>S- I came for my weight v's.            O- one wt recorded 10/16/04. no shows for other wts In notes            8/13 - 160 10/16/04 162 11/17/04 - 140 11/11/04 140            6-2-04 168 Today 140.</p>	
1/5/04	<p>To NCP re: f/u on back            Wt 140, 98<sup>3</sup>, 82, 20, 97%, 100/72,            S- I have back pain + problems w my eyes; my wt            O- multiple %s objective data to support. States            Did not get respriophth but signed in may for same</p>	



[illegible]

Date/Time	Inmate's Name:	D.O.B.:
5/10/04 11 <sup>00</sup> A	Boyd, Courtney	
5-13-04 @ 8pm	R'nd scps HCU vll. I of T & meds	C Webb nec
29 Jul 04 8 <sup>50</sup> pm	No Show for SC	manuett
	No Show for Sickcall Screening	Bowman

139 3/5/02  
 138 6/18/02  
 150 3/11/04



**PRISON HEALTH SERVICES, INC.  
 SICK CALL REQUEST**

Print Name: Courtney Boyd Date of Request: 3-20-04  
 ID # 208921 Date of Birth: [REDACTED] Location: N-36  
 Nature of problem or request: I Need another back brace for my back, because I'm still having problems with it. Also need my double portion profile, so that I will be able to get my weight back. Both of these profile are in my pocket.  
Courtney Boyd  
 Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 3/22/04  
 Time: 6:40 AM PM  
 Allergies: NEA

100/64 - 80-20-97.8 158 1/4

<p>RECEIVED          Date: <u>3-22-04</u>          Time: <u>6:40 AM</u>          Receiving Nurse Initials <u>ti</u></p>
---

(S)ubjective: I'm having wt. lose 12 LBS in 15 days. I had a back brace + I need it back. I had a profile for double portions. I need it back.

(O)bjective A+O x3. Resp. reg. ease. VS WNL

(A)ssessment: alt. in comfort R/T above statement

(P)lan: See camp

Refer to: MD/PA Mental Health Dental Daily Treatment

CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

Return to Clinic PRN

See Prog. notes.

Boyd (Camp)

Boyd, CPN

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



## PROGRESS NOTES

Date/Time	Inmate's Name: Boyd, Courtney	D.O.B.: 1 1
3/22/04 @ 0935	22 y/o BM requests a back brace & double portions @ meals due to wt. loss.	
	PMHx - 1) wt. loss? 3) <del>DM</del> ACID Reflux	
	2) LBP	
	VSS; ALO x3	
	Hxrt - S, S2; RRR	
	Lungs - CTR @	
	Abd. - Benign	
	m.s. - Full ROM; Amb. c case; neuro @; point TND or obvious deform.	
	wt. loss? - 3/5/02 - 139 lb	
	6/18/03 - 138 lb	
	3/11/04 - 150 lb	
	3/22/04 - 158 lb	
	- Pt. has gained ~ 20 lbs since 3/5/02	
	1) wt. loss - Pt. gained ~ 20 lb	
	- indication for double portions	
	- weigh 2 month x 6 mos	
	2) low back pain - clinical findings	
	- Tylenol x 7 d PRN	
	- moist heat	
	3) Acid Reflux	
	- antacids TI p.o. BID x 30d PRN	
	RTC in 2 mos.	

Prison Health



## PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.
12/19/03 8 <sup>50</sup> A	Boyd, Courtney	[REDACTED]
	R'nd ECC/SHU vol. II of II 6 meds —————	C. H. H. H. H. H.
2/26/04	PT brought from Elmore to CP	
	Gen - no joint disturbances no extreme signs of pain no dysphoria, No SOB, No DOE Neck Supple in no JVD	
	Chest - clear (PT draws a circular area of Lt chest)	
	Card - no (m) a rule - ITR 72 BPM	
	Lung - clear	
	abd - no H/H negly & mass	
	Ext - no CHF	
	PT has been to HCU 16 times over last yr i has had 9 EKGs - all normal	
	PT reassured	



## PHYSICIAN PROGRESS NOTES

Patient Name Boyd Courtney I.D. # 208921 Institution Reble

DATE	TIME	NOTES	SIGNATURE
11/18/03		Wt 138 97.7 137/80 80 16 All stabs and injury enlarged Only CT per 61 Strong BSG enlarged J. L. H.	
11/19/03	3:05 PM	Wt 148 T 97.6 P 66 R 18 BP 110/64 S - Abdomen: full per ty neck @ mid line O - PE: bruise medial @ elbow. Inlet @ left ribs A - Ab Ex - delt B - XR J. L. H.	
12/10/03	11:55 PM	Appt @ CRWP in HCU. No change T 96.8 P 86 R 18 BP 100/64 Wt 141 • Abd pain / weight waning. Says his abd pain is bad? no spine of hematuria. no urine. Eng by pain, helped with food. D - Illation Bm: NAD Chest - clear CV - normal @ abd @ ribs Rental (-) A - <del>distended</del> abd pain? apix B - Bloodwork J. L. H.	